



COB Processing Maine MMIS

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Peter Gray

Overview

The Maine COB Claim Processing System supports the following:

****Note:** Edits crosswalk to CARCs and RARCS is available on the My HealthPas Portal.

- Edits claims for missing COB information and dollars
 - Posts edits 216, 252, 378, 6002
- Edits for missing TPL payments when member is enrolled in both Medicare and TPL
 - Post edits 6025
- Pays claims that are excluded from Medicare and TPL as MaineCare primary claims
 - Overrides edits 216, 252, 378, 6002

Overview

The Maine COB Claim Processing System supports the following:

- Uses Medicare Action Codes reported on the Medicare EOB to determine how claims should be processed after Medicare
 - Edit 238
- Supports different payment rules for members when Commercial/Comprehensive or Medicare are primary
 - COB Method 2
 - COB Method 12

Overview

The Maine COB Claim Processing System supports the following:

- Supports custom payment methods
 - Hospital
 - FQHC
 - TPL Modified Pricing
- Supports Timely Filing based on Primary Payer Paid Date
 - Edits 965, 966 & 967

Overview

Overrides COB edits and excludes from Medicare processing when:

- Provider does not have to file with Medicare based on Provider Type and Specialty
- Service Code/Revenue Code is not covered by Medicare
- Dental Services
- Type of Bill indicates the provider is excluded (e.g. PNMI)
- Medicare coverage is exhausted
- Medicare coverage is not applicable based on level of care
- Medicare Action Code

Result: Claims excluded from Medicare based on criteria above will pay as a MaineCare primary claim.

Overview

Overrides COB edits and excludes from TPL processing when:

- Service code is exempt from TPL based on State policy
- Service code/diagnosis code is exempt for Pay and Chase
- Provider is exempt based on type and specialty
- TPL coverage is provided by an absent parent

Result: Claims that are excluded will pay as a MaineCare primary claim

Overview

QNXT has 12 different pricing methods available for processing COB. Maine uses two different methods needed to accommodate Maine payment policy for COB.

- COB Method 12 will pay any Medicare deductible, coinsurance, and copayment amounts identified on the primary carrier's EOB . It **does not** consider what the secondary plan would pay if paying as primary or whether a provider accepts assignment. This method does not accumulate COB savings or apply credit reserve.
- Method 12 is calculated as follows: **Secondary calculation = COB Deductible + COB Coinsurance + COB Copayment**

Overview

COB Method 2 - Method 2 calculates what the Commercial/Comprehensive or Medicare plan would pay as primary and subtracts the primary carrier's payment from this amount. The balance is the secondary payment made by QNXT.

Method 2 Calculation Steps:

Step 1: Determine the amount that would be paid if MaineCare were primary. Payments actually made by the primary carrier are not considered in this step.

Step 2: Subtract the primary carrier payment amount from the MaineCare amount from Step 1 to obtain the secondary payment.

Step 3: Pay the amount calculated in Step 2.

Overview

TPL Modified Pricing Method

- Custom pricing method that pays Medicare providers “like a TPL”
- Applies to providers who are not paid coinsurance and deductible under Medicare (e.g. DME, Chiropractor)
- Prices claim as the difference between what MaineCare Allowed and what Medicare Paid
- Claim pays zero when Medicare payment is greater than MaineCare allowed

Overview

Hospital and Hospital Based Provider (HBP) Pricing

- Custom pricing methodology to support the Hospital PIP calculation for reimbursement where Medicare is primary
 - Applies to non-QMB claims only
 - Provider's service location is a hospital or HBP provider type
 - Provider reimbursement is calculated as coinsurance and deductible
 - Edit 6024 is posted to identify claims
 - Provider is paid zero
 - Reimbursement is reported on the RA/835 as a contractual write-off

Overview

FQHC Pricing for Dual-Eligible Members is a custom pricing method that prices claims as follows:

- MaineCare Allowed minus COB Payment Amount (Medicare Payment plus Commercial TPL)
- Applies only to FQHC claims (TOB 771)
- Applies to members who are in both Buy-In and another MaineCare program

Overview

- Claims for members who are not enrolled in Buy-In will be processed under their MaineCare enrollment.
- Buy-In program consists of:
 - QMB – Qualified Medicare Beneficiaries
 - SLMB - Specified Low-Income Medicare Beneficiaries
 - QI – Qualified Individual
 - QDWI – Qualified Disabled & Working Individual
 - DEL
- QMB pays for coinsurance and deductible only
- Buy-In always selected first as internal enrollment (when there are multiples)
- Members who are both QMB and MaineCare will be paid under MaineCare if the claim is exempt from Medicare processing and not from an FQHC.

Questions?